

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 209350US0 First Inventor or Application Identifier Burkhard S. ENDKE Title CONTINUOUS MANUFACTURING PROCESS FOR ORGANOALKOXYSILOXANES	
		Assignee Name: Degussa AG Assignee Address: Bennigsenplatz 1, D-40474 Düsseldorf, Germany	
 11/14/01			
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 18		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Formal Drawing(s) <small>(35 U.S.C. 113)</small> Total Sheets 1		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation / divisional w/ box 17 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> c. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) d. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:		10. <input type="checkbox"/> English Translation Document (if applicable)	
Prior application information: Examiner:		Group Art Unit:	
<small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			
18. Amend the specification by inserting before the first line the sentence: <ul style="list-style-type: none"> <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) <small>of application Serial No. Filed on</small> <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed 			
19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220			

Name:	Norman F. Oblon	Registration No.:	24,618
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Docket No. 209350US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Burkhard STANDKE et al

SERIAL NO: New Application

FILING DATE: Herewith

FOR: CONTINUOUS MANUFACTURING PROCESS FOR ORGANOALKOXYSILOXANES

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.

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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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